



Cemetery Registry Survey

State Form 50091 (R / 4-02)

ID #

(State Assigned)

INSTRUCTIONS: This form is for the use in registering a cemetery or burial site in the Indiana Cemetery Registry. Please fill out the information below with as much detail as possible. Return the completed form to the Department of Natural Resources – Division of Historic Preservation and Archaeology, 402 W. Washington Street, RM W274, Indianapolis, Indiana 46204.

Section 1 - Cemetery

Cemetery

name: _____

Other names for the

cemetery: _____

Other numbers for

cemetery: _____ County _____

Address of

cemetery: _____

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City: _____ Township _____

Source of cemetery location/information/evidence: Visited site _____ Cemetery registry _____ Map _____

County history _____ Family/community lore _____ Other _____

(_____)

Addition _____ Lot number _____ Reserve/military grant _____

Longitude _____

Latitude _____

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USGS 7.5 Minute quad _____

UTM _____

1/4 _____ 1/4 _____ 1/4 _____ 1/4 _____ Section _____ Township _____ Range _____

Section 2 - Ownership

Name of property

owner(s): _____

Address: _____ City: _____ State: _____

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Zip code: _____ Telephone number: _____

Section 3 - Recorder of Information

Name: _____

ID NUMBER

Address: _____ City: _____

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State: _____ Zip code: _____ Telephone: _____

Email: _____ Organization: _____

Date form completed: _____

Section 4 - Culture/Ethnicity/Affiliation

Cultural periods/ethnic groups (of individuals buried within cemetery - check all that apply)

Native American:

Unidentified Prehistoric _____ Paleo-Indian _____ Archaic(____E____M____L____T)
Woodland(____E____M____L____T) Mississippian _____ Contact/historic Native
American _____

African-American _____ German _____ Irish _____
Other(_____)

Religious affiliation (of individuals buried within cemetery - check all that apply)

Amish _____ Baptist _____ Catholic _____ Jewish _____ Lutheran _____ Mennonite _____ Methodist _____
Presbyterian _____ Quaker _____
Other(_____)

Affiliated groups (of individuals buried within cemetery - check all that apply)

Veterans _____ Odd Fellows _____ Masons _____ Knights of Columbus _____ Shriner _____
Other(_____)

Cemetery association

Religious _____ Family _____ City _____ Township _____ Fraternal _____
Other(_____)

Section 5 - Description of Cemetery

Number of stones _____ Number of burial spaces _____ Total occupied spaces _____

Year established _____ Date of first burial _____ Date of most recent
burial _____

Size of cemetery _____ Shape of cemetery (please provide map or
drawing) _____

Is the cemetery active? Yes _____ No _____ Is there access to the cemetery? Yes _____ No _____

Has archaeology been done at the site? Yes _____ No _____ If yes, archaeological
site# _____

Section 6- Structures and Maintenance

Are there buildings/structures on the property? Yes _____ No _____

If yes please list:

Is there a fence or enclosure surrounding the cemetery? Yes _____ No _____

If yes, material of fence? Stone _____ Chainlink _____ Wrought iron _____ Hedge _____ Concrete _____

Other(_____)

Condition of fence/enclosure: Well maintained____ Poorly maintained____ Not maintained at all____

Other natural features in the cemetery:

Condition of Cemetery: Vandalized____ Soil disturbed____ Stones disturbed____ N/A____

Other (_____)

Maintenance of Cemetery: Well maintained____ Poorly maintained____ Overgrown, but easily identifiable____ Overgrown and not easily identifiable____ Not identifiable as a burial site, but known to exist through tradition or other means. Please explain:

Who maintains cemetery:_____

Have markers been damaged? Yes____ No____

If yes, how have stones been damaged?

Farm animals____ Vandalism____ Farming operations____ Industrial operations____ Construction____
Custodial care____ Time and Nature____ Other____
(_____)

Has this cemetery been moved from a previous location? Yes____ No____ Date moved:_____

If yes, previous location:_____

of graves moved:_____

Has this cemetery been moved to a new location? Yes____ No____ Date moved:_____

If yes, new location:_____

of graves moved:_____

Future encroachment or danger:

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Section 7 – Other Sources

Has this cemetery been listed in an existing published or unpublished cemetery survey or database? If yes, please list:
(attach additional sheets if necessary)

Historical Significance of cemetery (attach additional sheets if necessary):

Any other pertinent information regarding the cemetery (attach additional sheets if necessary):

FOR STAFF ONLY

Mapped _____ Quad Map _____ Entered into database _____

SR Listed _____ NR listed _____ Archaeological
number _____

Listed in archaeological database _____ Confirmation _____ P# _____
CO# _____

DP _____

Staff Comments:

____ Staff Initials